

REQUEST FOR CORRECTION/AMENDMENT TO DEATH CERTIFICATE

OF _____
Decedent
Social Security Number

AKA _____

Please supply the information to be changed in the appropriate space below. Submit it to the Division of Vital Records or local Health Department in which you registered the original.

SPECIAL INSTRUCTIONS

- Only enter the items to be corrected.
- Avoid all abbreviations unless otherwise instructed.
- Age in years should correspond with date of birth.
- Do not enter "retired" in response to Item 16a "Decedent's Usual Occupation."
- Check ONE ITEM ONLY for marital status.
- List complete race, not initials. Example: Black, White, etc. Do not enter "U.S.A." for race of the decedent.

5. Social Security Number	6. Sex 1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	7. Age (in yrs. last birthday)	If under 1 yr. Mos. Days.	If under 24 hrs. Hrs. Mins.	8. Date of Birth (Month, Day, Year)	9. Birthplace (State or Foreign Country)
Usual Address of the Decedent						
10a. State			10b. County		10c. City, Town or Location	
10e. Street and Number			10d. Inside City Limits? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
10f. Zip Code			11. Marital Status 1 <input type="checkbox"/> Never Married 2 <input type="checkbox"/> Married 3 <input type="checkbox"/> Widowed 4 <input type="checkbox"/> Divorced		12. Was decedent ever in U.S. armed forces? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
13. Was decedent of Hispanic origin? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Specify:			14. Race—American Indian, White, etc. Specify:			
15. Decedent's Education			16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use "retired.")		16b. Kind of Business/Industry	
17. Father's Name (first, middle, last)			18. Mother's Name (first, middle, maiden name)			
19. Surviving Spouse's Name						
20a. Informant's Name/Relationship (type or print)			20b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)			
21a. Method of Disposition 1 <input type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other Specify			21b. Place of Disposition (Name of cemetery, crematory or other place)		21c. Date of Disposition	21d. Location—City or Town, State
22a. Signature of Funeral Service Licensee		22b. License No.		22c. Name and Address of Facility		

THE STATEMENTS MADE HEREIN ARE MADE UNDER THE PENALTIES OF PERJURY THAT THE MATTERS AND FACTS CONTAINED HEREIN ARE TRUE TO THE BEST OF THE KNOWLEDGE, INFORMATION, AND BELIEF OF THE INDIVIDUAL(S) MAKING THE DECLARATIONS.

SIGNATURE OF PERSON PROVIDING INFORMATION NAME, TITLE AND LICENSE NO. (TYPED OR PRINTED) DATE

ADDRESS OF PERSON PROVIDING INFORMATION TELEPHONE NO.

DOCUMENTARY EVIDENCE IS REQUIRED FOR CHANGES, PLEASE SEE ATTACHED LIST FOR EXAMPLES OF DOCUMENTS.

EXAMPLES OF DOCUMENTS USED FOR CORRECTING OR AMENDING DEATH CERTIFICATES

<u>ITEM</u>	<u>DOCUMENTS</u>
<p>Name <i>Can only be changed by physician or medical examiner. Documents are examples of what can be presented to them to change the name.</i></p>	<ul style="list-style-type: none"> • Baptismal or other church records. • Insurance policy. • Hospital or clinic record. • Physician's office record. • Family Bible record. • Record of employment. • Record of military service. • Marriage license. • Record from federal census. • Birth certificate of a child. • Social Security Administration record.
<p>Date of Death</p>	<p>Letter from physician in attendance or medical examiner, if a medical examiner's case.</p>
<p>Time of Death</p>	<p>Same as above.</p>
<p>Place of Death</p>	<p>Same as above.</p>
<p>Cause of Death</p>	<p>May be changed only by letter from the physician or medical examiner, if it is a medical examiner case.</p>
<p>Marital Status</p>	<p>Marriage record to add "married." Divorce record to add "divorced."</p>
<p>Social Security Number</p>	<ul style="list-style-type: none"> • Social security card. • Letter from the Social Security Administration. • Income tax statement.
<p>Date of Birth</p>	<ul style="list-style-type: none"> • Birth record. • Baptismal record. • Church record. • Child's birth record. • Insurance record
<p>Age</p>	<p>Calculated from date of birth.</p>
<p>Sex</p>	<p>Birth record or driver's license.</p>

NOTE: The following may be used in the absence of the above-listed documents.

- (1) An affidavit sworn before a notary public citing the item as fact.
- (2) A court order.
- (3) Other record in which the Secretary of the Department of Health approves that supports the item as fact.